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FEB 28 2006
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INTERNET: www.patentlegal.com**Fax Transmission** | Date: February 28, 2006

To: USPTO	From: Cindy L. Pederson
Company:	Our Ref.: CMED.01US01
Application No.: 10/661,377	Fax No.: <u>(970) 492-1101</u>
Fax No.: 1-571-273-8300	Phone No.: <u>(970) 492-1100</u>
Phone No.:	Total Pages: 10 (Inc. cover sheet)
If Int'l: No	Return Fax To:
Confirmation Via Mail: No	

Message: Attached for filing is our "Response B" (response to Office Action dated 11-21-2005).

This transmission contains information that is confidential and/or legally privileged. It is intended for use only by the person to whom it is directed. If you have received this facsimile in error, please notify us by telephone immediately so that we can arrange for the return of the original documents to us.

If you did NOT receive all of the pages, please call us in the U.S.A. at (970) 492-1100 or fax us at (970) 492-1101.

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Cochran Freund & Young LLC
2026 Caribou Drive, Suite 201
Fort Collins, CO 80525

PATENT APPLICATION

DOCKET NO.: CMED.01US01

IN THE
UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Gary Werschmidt

Application No.: 10/661,377

Examiner: Anthony Barfield

Filing Date: 9/12/2003

Group Art Unit: 3636

Title: CUSTOMIZED ARTICULATING ANATOMICAL SUPPORT

COMMISSIONER FOR PATENTS
ALEXANDRIA, VA 22313-1450

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Sir:

Transmitted herewith is/are the following in the above-identified application:

- (X) Response/Amendment - "Response B"
() New fee as calculated below
() No additional fee
() Other:

- (X) Petition to extend time to respond
() Supplemental Declaration

CLAIMS AS AMENDED BY LARGE ENTITY						
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) NUMBER EXTRA	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEES
TOTAL CLAIMS	34	MINUS	34		X 25	
INDEP. CLAIMS	11	MINUS	34		X 100	
[] FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM					+ \$360	\$
EXTENSION FEE	1ST MONTH \$120	2ND MONTH \$450	3RD MONTH \$1,020	4TH MONTH \$1,590	\$	
					TOTAL FEE FOR THIS AMENDMENT	\$

- () Attached is a check for \$ _____
() Please charge to Deposit Account 50-1491 the amount of \$ _____

At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 50-1491 pursuant to 37 CFR 1.25. Additionally please charge any fees to Deposit Account 50-1491 under 37 CFR 1.19, 1.20 and 1.21. A duplicate copy of this sheet is enclosed.

I hereby certify that this correspondence is being facsimile transmitted to the USPTO (571-273-8300) under CFR 1.8 on the date listed below:

Date of Transmission: February 28, 2006

Signature: 

Typed Name: Cindy L. Pederson

Respectfully submitted,

By: 

Paul M. Thompson
Attorney for Applicant(s)
Reg. No.: 52,286
Telephone No.: (970) 492-1100
Customer Number: 27479

Date: February 28, 2006